

Direct Deposit Authorization Form

For receiving payments by Electronic Funds Transfer (EFT)



Metro

600 NE Grand Ave.
Portland, OR 97232-2736

Section A - Supplier Information

TYPE OF ACTION: <input type="radio"/> NEW <input type="radio"/> CHANGE <input type="radio"/> CANCEL			
LEGAL NAME:			
MAILING ADDRESS:			
TELEPHONE NUMBER:		EMAIL ADDRESS:	

Section B - Required Signatures

I (We) hereby authorize Metro to initiate entries to my (our) checking/savings accounts at the financial institution listed in Section C, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Metro is notified by me (us) in writing to cancel it in such a time as to afford Metro and the financial institution a reasonable opportunity to act on it.	
ACCOUNT HOLDER NAME/TITLE:	
SIGNATURE:	DATE:
JOINT ACCOUNT HOLDER NAME/TITLE:	
SIGNATURE:	DATE:

Section C - Financial Information

ACCOUNT DESIGNATION: <input type="radio"/> Savings <input type="radio"/> Checking		ACCOUNT TYPE: <input type="radio"/> Personal <input type="radio"/> Commercial		
FINANCIAL INSTITUTION NAME:				
BRANCH NAME: (If applicable)				
BRANCH ADDRESS:		CITY:	STATE:	ZIP
ACCOUNT NUMBER:		TRANSIT/ABA/ROUTING NUMBER:		